FILED: FEBRUARY 11, 2026

KENTUCKY BOARD OF OPHTHALMIC DISPENSERS

PUBLIC PROTECTION CABINET – DEPARTMENT OF PROFESSIONAL LICENSING
P.O. Box 1360, Frankfort, Kentucky 40602
500 Mero Street Frankfort, Kentucky 40601 (Overnight Delivery Only)
Phone: (502) 782.8810 | Fax: (502) 564.4818 | Website: bod.ky.gov | Email: BOD@KY.GOV

APPLICATION FOR APPRENTICE OPHTHALMIC DISPENSER LICENSE

APPLICANT INFORMATION

Last Name:	First Name:	Middle Initial:	Previous Name:
Mailing Address: Street	City:	State:	Zip Code:
Business Address: Street	City:	State:	Zip Code:
Telephone Number: ( )	Email Address:	Birthdate:	SSN:

GENERAL QUESTIONS

A. Have you previously held an apprentice license in the state of Kentucky?	☐ YES	☐ NO
B. Have you ever held a Kentucky Ophthalmic Dispenser License? **If yes, License #** _____	☐ YES	☐ NO
C. Have you ever held or do you currently hold an ophthalmic dispenser license from any other state? **If yes, please indicate state(s) and attach copies of any license(s)** _____	☐ YES	☐ NO
D. Have you ever been refused a license as an ophthalmic dispenser in Kentucky or another state? **If yes, please explain in full with attachment.**	☐ YES	☐ NO
E. Is there currently a complaint pending against you in another state in which you hold a license? **If yes, please explain in full with attachment.**	☐ YES	☐ NO
F. Have you ever had your license to practice ophthalmic dispensing revoked, restricted or denied in any state or territory or been place on probation or entered into a voluntary surrender of your license? **If yes, explain in full with attachment specifying state, date, charge, and circumstances.**	☐ YES	☐ NO
G. Have you ever been involved in a court action, civil or criminal? **If yes, please explain in full with attachment.**	☐ YES	☐ NO

EMPLOYMENT HISTORY

Begin with your most recent job and accurately list the details of each job you have held relating to your professional experience.

Employer:	From:	To:
City:	State:	Zip Code:
Employer:	From:	To:
City:	State:	Zip Code:
Employer:	From:	To:
City:	State:	Zip Code:

EDUCATION HISTORY

1. What is your highest level of education?	☐ High School	☐ College	☐ Grad School
2. Have you taken any academic work relating to ophthalmic dispensing? If "Yes", please list and attach verification: _____		☐ YES	☐ NO
3. Are you a graduate of any school of ophthalmic dispensing approved by the board? If "Yes", please list and attach verification: _____		☐ YES	☐ NO
4. Have you completed the Basic exams requirements? If "Yes", please select the qualifying exam and attach certificates: ☐ NCSORB (National Commission of State Opticianry Regulatory Boards)		☐ YES	☐ NO

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Date of Exam: _____ Certificate Number: _____ ☐ ABO Basic (American Board of Opticianry & National Contact Lens Examiners) Date of Exam: _____ Certificate Number: _____ ☐ NCLE Basic (American Board of Opticianry & National Contact Lens Examiners) Date of Exam: _____ Certificate Number: _____		
5. Check the type of operation you are associated with: ☐ Ophthalmic Dispenser ☐ Optometrist's Office ☐ Jeweler & Optician ☐ Ophthalmologist's Office ☐ Wholesale Distributor ☐ Other: _____		
6. Please provide the name and address of firm, partnership, corporation, or individualby which you will be employed.		
7. Will you be the owner, manager, or employee of the company where you will be employed? _____ What is your position with the firm? _____ Length of Employment: _____		

SPONSOR INFORMATION

NOTE: AN OUTLINE OF THE TRAINING SCHEDULE AND AN OVERVIEW OF THE FACILITIES LOCATED AT THE ESTABLISHMENT SHALL BE PREPARED BY THE SPONSOR AND FILED WITH THE BOARD WITH THIS APPLICATION.

1. Please provide the name of the licensed individual under whom you will receive your training. Sponsor's Name: _____		
2. Is your sponsor the Owner ☐ Manager ☐ Employee ☐ of the company where you are employed? ☐ YES ☐ NO		
3. Will you be working under the direct supervision of a licensed ophthalmic dispenser, optometrist, or Ophthalmologist? If "No", explain:	☐ YES	☐ NO

APPLICANT'S CERTIFICATION

I, the applicant named above, do hereby certify under penalty of law, that the information contained herein is true, correct, and complete to the best of my knowledge and belief. I am aware that, should an investigation at any time disclose any such misrepresentation or falsification, my application could be rejected, or my certification revoked by the Board. Furthermore, I agree to abide by the standards of practice and code of ethics approved by the Board.

Applicant's Signature (Required) :	Date:
Printed Name:	

SPONSOR'S CERTIFICATION

I, the sponsor of record for the above-named applicant for apprenticeship, do hereby certify under penalty of law, that the information contained herein is true, correct, and complete to the best of my knowledge and belief. Further, I accept full responsibility for training the above named in accordance with the requirements of KRS Chapter 326 and 201 KAR Chapter 13. If, for any reason, the condition of this supervisory relationship is terminated or changed, I will immediately notify the Board. Further, I do hereby certify that my Kentucky license is current and will be maintained throughout this period. **I further certify that the outline of the training schedule and an overview of the facilities located at the establishment where the apprentice will be trained has been prepared by me and is being filed with this application for apprenticeship.**

Sponsor's Signature (if applicable) :	Date:	License No:
Business Address:		

Are you currently sponsoring another apprentice? If "Yes", please list name(s):	☐ YES	☐ NO